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12760 High Bluff Drive, Suite 300
San Diego, CA 92130
ph: 858.922.2170 foster@tdfoster.com
Thomas D. Foster, Patent Attorney

Via Facsimile

June 26, 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Appl No.: 10/607,093
Filed: 25 June 2003
Inventor: LEISHER, Steven
Our Ref.: 6057.003-01

Sir:

The following documents are forwarded herewith for appropriate action by the United States Patent and Trademark Office:

1. Information Disclosure Statement
2. PTO/SB/088 Form with two non patent literature documents
3. Completed PTO/SB/17 Form (Fee Transmittal)
4. Completed PTO/SB/21 Form (Transmittal Form)

Prompt action is respectfully requested.

Respectfully Submitted,
TDFoster - Intellectual Property/Litigation/Corporate Law

Thomas D. Foster, Esq.
Attorney of Record
Registration No. 44,686

12760 High Bluff Drive, Suite 300 • San Diego, CA 92130 • Phone 858.922.2170 • Fax 858.259.6008 • www.tdfoster.com

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM	Application Number	10607.083	RECEIVED CENTRAL FAX CENTER JUN 26 2006
	Filing Date	25 June 2003	
	First Named Inventor	LEISHER, Steven	
	Art Unit	3626	
	Examiner Name	BLECK, CAROLYN M	
	Attorney Docket Number	8067.003-01	
(to be used for all correspondence after initial filing)			
Total Number of Pages in This Submission	7		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1) Cover letter 2) Form PTO/SB/08B		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	TDFoster	
Signature		
Printed name	Thomas D. Foster	
Date	26 June 2006	Reg. No. 44686

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Thomas D. Foster
Date	26 June 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

Complete if Known

Application Number 10/607,093
 Filing Date 25 June 2003
 First Named Inventor LEISHER, Steven
 Examiner Name BLECK, CAROLYN M
 Art Unit 3626
 Attorney Docket No. 6057-003-01

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METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ Note ☐ Other (please identify): _____
- ☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)
 Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
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- 20 or HP = x = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
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- 3 or HP = x = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature _____
 Name (Print/Type) Thomas D. Foster

Registration No. 44696
(Attorney/Agent)

Telephone 858.922.2170

Date 26 June 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Patent
Docket Number: 6057.003-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

LEISHER, et al.

Application No.: 10/607,093

Filed: 25 June 2003

For: METHOD, SYSTEM AND APPARATUS
FOR FORMING AN INSURANCE PROGRAM

Examiner: BLECK, CAROLYN M

Art Unit: 3626

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313

Sir:

INFORMATION DISCLOSURE STATEMENT

Applicant respectfully submits this information disclosure statement for the above referenced U.S. Patent Application. This statement is filed before the First Office Action on the merits. Thus, no fee is deemed necessary.

Respectfully submitted,

Date: 26 June 2006

Thomas D. Foster, Esq.

Reg. No. 44686

TD Foster

12760 High Bluff Drive, Suite 300

San Diego, CA 92130

Phone: 858.922.2170

Fax: 858.259.6008

